

FILED APR 26 1944

318

Primary Registration District No. 1003

Registrar's No. 3611

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute City Hospital 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community 15 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 922  
(d) Street No. 1242 South Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Frank Foster

3. (b) If veteran, name war No 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec 15 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 4 3 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Sec Foreman

11. Industry or business R. R. Co

MOTHER FATHER

12. Name John Foster  
13. Birthplace Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Louise Cox  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Virgil Foster

(b) Address 1002 Hickory

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/44  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (c) Signature of funeral director A. W. McLaughlin

(b) Address 2501 Lafayette Ave

19. (a) App 19 44 (b) J. D. Bredesh (Registrar's signature)  
(Date received local registrar's certificate)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 19 44 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw him..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Coronary Sclerosis

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) A. H.

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....  
Of autopsy.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 3  
23. Signature James J. Fitzhugh (M. D. or other) Coroner  
Address 1300 Clark Date signed 4-19-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *L.R. Cooper* .....

Licensed Embalmer No. *3633* .....

P. O. Address *2317 Lafayette* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**